



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
<b>COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:</b>		

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: <b>51 Toole</b>			District: <b>0903 Sunburst K-12 Schools</b>		District Level: <b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
2	1830	No	Raulston, Rick	1.50	_____
2	1858	No	Gottfried, Sophie	0.50	_____
2	1859	No	Parker, Linda	1.75	_____
2	1860	No	Roark, Tina	1.95	_____
2	1861	No	Simons, Joe P	0.25	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
<b>COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:</b>		

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees			
County:		District:		District Level:	
<b>51 Toole</b>		<b>0910 Shelby Elem</b>		<b>Elementary</b>	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
14	1828	No	Fretheim, Joe & Anna	1.75	_____
14	1862	Yes	Akelstad, Brian	0.38	_____
14	1864	No	Gardipee, Edward & Shirley	3.50	_____
14	1865	No	Underdahl, Penny	3.50	_____
14	1866	Yes	Fenger, Tim & Gayle	3.75	_____
14	1867	Yes	Wanken, Troy	0.48	_____
14	2408	No	Eulberg, Lyndia	1.50	_____
14	2411	No	Padilla, Michelle	1.00	_____
14	2412	No	Padilla, Michelle	1.75	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
<b>COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:</b>		

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees			
County:		District:		District Level:	
51 Toole		0911 Shelby H S		High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
14	1862	Yes	Akelstad, Brian	0.37	_____
14	1866	Yes	Fenger, Tim & Gayle	3.75	_____
14	1867	Yes	Wanken, Troy	0.47	_____
14	1868	No	Larsen, Joe R	2.50	_____
14	1869	No	Sisk, Lore	1.50	_____
14	2407	No	Albright, Jerry	4.85	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
<b>COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:</b>		

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees			
County: <b>51 Toole</b>			District: <b>0915 Galata Elem</b>		District Level: <b>Elementary</b>	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
21	1829	No	Hershey, Diane & Tony		2.75	